**SCREENING QUESTIONNAIRE FOR RESPONDENT DATABASE**

Introduction: Hello, I’m \_\_\_\_\_\_\_\_\_\_ from the Census Bureau. Thanks for calling us about participating in one of our surveys. I just need to get a little bit of background information to start.

**1. What is your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. What is your daytime phone number?**

(\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_

**3. Are you employed by the federal government?**

1 [ ] Yes *Explain that this person cannot participate in our research and end interview.*2 [ ] No

**4. (IF NECESSARY) Are you male or female?**

1 [ ] Male
2 [ ] Female

**5. What is your date of birth?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MONTH/DAY/YEAR)

**6. Are you now married, widowed, divorced, separated or have you never been married?**

1 [ ] Married

2 [ ] Widowed

3 [ ] Divorced

4 [ ] Separated

5 [ ] Never been married

**7. What is the highest grade of school you have completed, or the highest degree you have received?**

 1 [ ] Never completed any school
 2 [ ] Completed ninth grade or below
 3 [ ] Some high school
 4 [ ] Completed high school, or received a GED
 5 [ ] Vocational training beyond high school
 6 [ ] Some college < ask 7a >
 7 [ ] Completed college < ask 7a >
 8 [ ] Master’s degree < ask 7b >

 9 [ ] Doctorate or Professional degree < ask 7b >

**7a. Did you receive any scholarships or loans for your college studies?**

 1 [ ] Yes 2 [ ] No

**7b. Did you receive any scholarships or loans for your graduate studies?**

 1 [ ] Yes 2 [ ] No

**8. Do you consider yourself to be of Hispanic or Spanish origin?**

1 [ ] Yes, Hispanic or Spanish origin

2 [ ] No

**9. Choose one or more of the following races:**

1 [ ] White
2 [ ] Black or African American
3 [ ] Asian
4 [ ] American Indian or Alaska Native
5 [ ] Native Hawaiian or other Pacific Islander

**10. Is English your native language?**

 1 [ ] Yes 2 [ ] No

 **11a. Are you currently working for pay full-time, part-time, or are you not working for pay at this time?**

1 [ ] Full-time
2 [ ] Part-time
3 [ ] Not working for pay – *skip to question 12*

**11b. Are you self-employed?**

1[ ] Yes 2 [ ] No

**11c. What is your job title or job description? (IF NECESSARY: WHAT KIND OF WORK DO YOU DO AT YOUR JOB?)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11d. Is your job related to any of the following fields: computer science, math, life sciences, physical sciences, social sciences, engineering or health sciences?**

 1 [ ] Yes 2 [ ] No

**11e. Have you changed jobs in last 2 years?**

1[ ] Yes 2 [ ] No

**12. Do you currently have more than one job?**

1[ ] Yes 2 [ ] No

**13. Do you contribute to more than one retirement plan, including 401(k)s, IRAs, or pension plans?**

1[ ] Yes 2 [ ] No

**14. Are you disabled or unable to work for health reasons?**

 1 [ ] Yes 2 [ ] No

**15. Is your household’s annual income…**

* 1. Above $25,000?

1 [ ] Yes 2 [ ] No – *skip to 13*

* 1. Is it above $50,000?

1 [ ] Yes 2 [ ] No – *skip to 13*

* 1. Is it above $100,000?

1 [ ] Yes 2 [ ] No – *skip to 13*

**16. How many people 18 or older live in your household, including yourself?** \_\_\_\_\_\_\_

**16a**. (If necessary:) **Are they all related?**

1 [ ] Yes 2 [ ] No

**17. Do you have any problems doing any daily activities like dressing, walking or lifting?**

1[ ] Yes 2 [ ] No

**18. Do you own or rent the place where you currently live?**

 1 [ ] Own 2 [ ] Rent

**19. Is the place where you currently live** (owned/rented) **in your name or in the name of someone else in your
 household?**

1 [ ] Respondent’s name 2 [ ] Other person’s name

**20. How many people younger than eighteen live in your household?** \_\_\_\_\_\_\_\_\_

*IF NO CHILDREN UNDER 18, SKIP TO QUESTION 18*

**21. What are the ages of each of the children younger than eighteen living in your household?**

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**21a.** **Do any of these children have special needs or disabilities?**

 1 [ ] Yes 2 [ ] No

**22. Did anyone move out of your household or into your household in the last 12 months?**

1 [ ] Yes 2 [ ] No

**23. Do you live in a single family home, a townhouse or duplex, an apartment, or another type of housing?**

1 [ ] Single family home
2 [ ] Townhouse or duplex
3 [ ] Apartment
4 [ ] Other

**24. Do you live within 10 or so miles of a body of water, such as a bay, ocean, lake, or river?**

1 [ ] Yes 2 [ ] No

 **25. Do you have any pets in your household?**

1 [ ] Yes 2 [ ] No

**26. Do you use the internet for…**

**Online banking?**
1 [ ] Yes 2 [ ] No

**Online shopping?**
1 [ ] Yes 2 [ ] No

**Email?**
1 [ ] Yes 2 [ ] No

**27. How often do you use the internet?**

 [ ] Rarely/Never [ ] Daily [ ] Weekly [ ] Monthly [ ] Yearly

**28. How did you hear about the survey?**

1 [ ] Newspaper ad 2-19 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 [ ] Flyer

3 [ ] An organization the person is a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 [ ] Friend or colleague / word of mouth

5 [ ] Some other way *(specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 [ ] Recruitment Table

**29**. **Have you participated in any cognitive testing or questionnaires with ACS (American Community Survey) in the past? (internet or mail)**

[ ] Yes [ ] No

**30. If necessary, would you be able to come to our facility in Suitland, MD to be interviewed?**

[ ] Yes [ ] No [ ] Possibly

**31. (If #29 is NO) Have you tested questionnaires before, either for the Census Bureau of any other company?**

 [ ] Yes [ ] No

**32. What city or town do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**33. Are you a U.S. citizen ?** [ ] Yes [ ] No

**34. Do you have a smartphone?** [ ] Yes [ ] No

**35. Does anyone in your household have a bank account?** [ ] Yes [ ] No

**36. Have you had any type of contact with the police within the last 12 months?**

 If yes – Tell me about the contact with the police

 Traffic Stop –Street Stop- Other (voluntary contact)